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**CONFIRMATION NO. 6717**

<b>SERIAL NUMBER</b> 09/933,054	<b>FILING DATE</b> 08/20/2001  <b>RULE</b>	<b>CLASS</b> 049	<b>GROUP ART UNIT</b> 3634	<b>ATTORNEY DOCKET NO.</b> ZTP 99 P 4011	
<b>APPLICANTS</b> Richard Horn, Herbrechtingen, GERMANY; Jorgen Hirath, Bayreuth, GERMANY; Ulrich Wolf, Giengen, GERMANY; Wolfgang Kentner, Rofingen, GERMANY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF PCT/EP00/00828 02/02/2000 <div style="text-align: right; margin-right: 100px;"><i>YES KHT</i></div>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 07 147.0 02/19/1999 <span style="float: right;"><i>YES KHT</i></span>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/20/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u><i>KHT</i></u> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LERNER AND GREENBERG, P.A. PATENT ATTORNEYS AND ATTORNEYS AT LAW Post Office Box 2480 Hollywood ,FL 33022-2480					
<b>TITLE</b> Refrigerator door					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>			